



**TENNESSEE DEPARTMENT OF CORRECTION
REHABILITATIVE SERVICES
TENNESSEE SEX OFFENDER TREATMENT BOARD (TSOTB)
MONTHLY PROGRESS NOTE**

NAME OF PROVIDER

Inmate Name: _____ **Inmate Number:** _____

Reporting Month: _____ **Program Level:** _____

Probation/Parole Officer (Supervising Officer)

Primary Clinician Providing the Treatment Services

MONTHLY TREATMENT SUMMARY

1. **ATTENDANCE:** Describe all treatment contacts the offender received during the month. Include all services the offender was scheduled to receive but did not receive and why.
2. **PARTICIPATION:** Describe the offender's participation in treatment. Include what the offender is doing in treatment that is helping him/her make progress (strengths) as well as what he/she is doing that is impeding his/her progress (weaknesses). Also address dynamic risk factors that the offender has focused on during the month.
3. **GOALS/OBJECTIVES COMPLETED:** Discuss any specific treatment goals or objectives the offender has accomplished during this month of treatment.
4. **CLINICIAN OBSERVATIONS/CONCERNS:** Discuss any specific clinical observations and/or concerns about this offender during this month of treatment. Also discuss any issues associated with risk, community safety, violations of treatment/probation guidelines/special conditions, and any recommended changes in treatment (intensity, contacts, etc.), risk, or supervision needs.



**TENNESSEE DEPARTMENT OF CORRECTION
REHABILITATIVE SERVICES
TENNESSEE SEX OFFENDER TREATMENT BOARD (TSOTB)
MONTHLY PROGRESS NOTE**

NAME OF PROVIDER

Inmate Name: John Q. Offender

Inmate Number: 000000

Reporting Month: January 2006

Program Level: Phase I

Robert Supervisor

Jim Helper, Ph.D.

Probation/Parole Officer (Supervising Officer)

Primary Clinician Providing the Treatment Services

MONTHLY TREATMENT SUMMARY

- 1. ATTENDANCE:** Describe all treatment contacts the offender received during the month. Include all services the offender was scheduled to receive but did not receive and why.

Mr. Offender is required to attend a process group weekly. In addition to group therapy, Mr. Offender is required to attend therapy with his wife bi-weekly. Finally, Mr. Offender is also required to complete polygraph and plethysmograph assessments every six months. Mr. Offender has requested to attend individual therapy, however this was denied until he engages in group therapy. Mr. Offender attended all scheduled group sessions this month. He and his wife attended one family session. They cancelled one family session due to a conflict with wife's work schedule. He was not scheduled for objective testing this month.

- 2. PARTICIPATION:** Describe the offender's participation in treatment. Include what the offender is doing in treatment that is helping him/her make progress (strengths) as well as what he/she is doing that is impeding his/her progress (weaknesses). Also address dynamic risk factors that the offender has focused on during the month.

Mr. Offender recently entered a sex offender treatment group. He struggled through his introduction to the group. Mr. Offender demonstrated significant minimization of his sexual offense history and when challenged by other members of the group became defensive and argumentative. By the end of the month, Mr. Offender was able to discuss his offense history in more detail without the defensiveness observed earlier. Mr. Offender did not verbally participate unless prompted. He provided no self-disclosure and did not request any group time. Mr. Offender was asked to develop short term and long term goals for his participation in treatment.

- 3. GOALS/OBJECTIVES COMPLETED:** Discuss any specific treatment goals or objectives the offender has accomplished during this month of treatment.

Mr. Offender was able to successfully introduce himself. He was assigned the task of developing personal goals for treatment; however he has not completed this task as of this writing.

- 4. CLINICIAN OBSERVATIONS/CONCERNS:** Discuss any specific clinical observations and/or concerns about this offender during this month of treatment. Also discuss any issues associated with risk, community safety, violations of treatment/probation guidelines/special conditions, and any recommended changes in treatment (intensity, contacts, etc.), risk, or supervision needs.

Mr. Offender has recently entered treatment. He demonstrates significant denial and has not engaged in treatment. Prior to entering treatment, Mr. Offender's risk level was assessed as moderate. There are ongoing concerns that his wife is allowing Mr. Offender to have contact with their children despite special conditions that prohibit this contact. Mr. Offender has acknowledged two incidents in which he has had contact with his daughter this month. These incidents were reported to his probation officer and he has been confronted about this contact in treatment. Mr. Offender describes these incidents as "accidental" and unavoidable. Contact with children is a high risk factor and increases Mr. Offender's level of risk. In addition, Mr. Offender appears to have substantial flexibility in his daily schedule allowing for significant amounts of unsupervised time. Given Mr. Offender's willingness to disregard his probation and treatment guidelines, the lack of structure may pose increased difficulty in supervising him in the community. No changes in Mr. Offender's treatment program are recommended at this time; however, it may be necessary to more closely monitor Mr. Offender's community activity.